

**2018 FLORIDA NOT FOR PROFIT CORPORATION ANNUAL REPORT**

DOCUMENT# N03000002497

**Entity Name:** THE OWNERS ASSOCIATION OF VICTORIA LAKES, INC.

**Current Principal Place of Business:**

4736 BLANDING BLVD.  
JACKSONVILLE, FL 32210

**Current Mailing Address:**

C/O FLORIDA PROPERTY & ASSN MGMT INC  
POST OFFICE BOX 440367  
JACKSONVILLE, FL 32222-0004 US

**FEI Number: 56-2335847**

**Certificate of Status Desired: No**

**Name and Address of Current Registered Agent:**

HALL, GEORGE HG ESQ.  
4736 BLANDING BLVD  
JACKSONVILLE, FL 32210 US

*The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.*

**SIGNATURE: GEORGE H.G. HALL, ESQ**

**02/05/2018**

Electronic Signature of Registered Agent

Date

**Officer/Director Detail :**

Title DIRECTOR  
Name CHUFO, GREGORY R DIR  
Address 4736 BLANDING BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

Title VICE PRESIDENT  
Name HOWARD, ASHLEY  
Address 4736 BLANDING BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

Title PRESIDENT  
Name SPANKS, MICHAEL A  
Address 4736 BLANDING BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

Title TREASURER  
Name MARPLE, SHAWN E  
Address 4736 BLANDING BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

Title SECRETARY  
Name MIKE, REYNOLDS  
Address 4736 BLANDING BLVD.  
City-State-Zip: JACKSONVILLE FL 32210

*I hereby certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with all other like empowered.*

**SIGNATURE: MICHAEL SPANKS**

**PRESIDENT**

**02/05/2018**

Electronic Signature of Signing Officer/Director Detail

Date